

Louisiana Office of Student Financial Assistance Field Outreach Services (LFOS)

LFOS Activity Report Student Sign-in Sheet

| LFOS On-Site School Coordinator: Title of Activity: Date of Activity: | Louisiana College Application Month (LCAM) | | | |
|---|--|------------------------|----------|--|
| Name of Student (Print Clearly) | | College(s) Applied to: | | Registered for FSA ID: Yes or No |
| | 2 3 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | 2 3 | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | <u> </u> | |